



ARIZONA DEPARTMENT OF WATER RESOURCES
Groundwater Permitting and Wells Section
P.O. Box 36020
Phoenix, Arizona 85067-6020
Phone (602) 771-8527 Fax (602) 771-8690

APPLICATION FOR A RECOVERY WELL PERMIT
(\$45-834.01)

The initial fee for an application for a Recovery Well Permit is \$1,000. Total fees for this application are based upon an hourly billable rate, which can be found on the ADWR web site at www.azwater.gov. If the costs of reviewing your application exceed \$1,000, you will be invoiced for the difference, up to a maximum total fee of \$10,000. Payment may be made by cash, check, or credit card (if you wish to pay by credit card, please contact the Groundwater Permitting Section at 602-771-8527). Checks should be made payable to the Arizona Department of Water Resources. In addition to the hourly application fee, the applicant must pay any review-related costs associated with the application and the actual cost of mailing or publishing any legal notice of the application or any notice of a pre-decision administrative hearing on the application. Review-related costs are: (1) costs associated with a pre-decision hearing on the application, such as court reporter services and facility rentals for the hearing, and (2) mileage expenses for a site visit conducted before issuing a decision on the application. Failure to enclose the initial application fee will cause the application to be returned. Fees for an application for a Recovery Well Permit are authorized by A.R.S. § 45-871.01 and A.A.C. R12-15-103.

FOR ADWR USE ONLY

Application No: 74-

Date Received: _____

A HYDROLOGIC REPORT, APPLICABLE LETTERS OF CONSENT, AND ANY NECESSARY REQUESTS TO CHANGE WELL INFORMATION MUST BE INCLUDED WITH THIS APPLICATION

PLEASE SUBMIT COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS

Is this application for a NEW permit or MODIFICATION of permit # 74-

1. Applicant Name: _____

Mailing Street Address	City	State	Zip
Contact Person	Telephone	Is the applicant a:	
Email Address	Fax	City	Private Water Co
Consultant Name	Consultant Telephone	Town	Irrigation District
(if any)			Other
Email Address	Consultant Fax	Describe	

2. Name of Active Management Area (AMA) or Irrigation Non-Expansion Area (INA) if applicable, and name of groundwater basin and subbasin where the proposed recovery well are located:

AMA _____ Basin/Sub-basin _____

3. Name of the owner(s) of the land where wellsites are located _____
Landowner Name

Mailing Address _____ City _____ State _____ Zip _____
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the land where water will be USED _____
(10-acre quarter/40-acre quarter/160-acre quarter/section, township and range)

5. The recovered water will be used for _____

6. The recovery wells will be used to recover water stored pursuant to

Is the applicant the storer? YES Water Storage Permit No. 73- _____

NO Long-term storage account number. 70- _____

7. Complete the following for each constructed well. **If data supplied differs from the ADWR Well Registry (including well owner), please complete a "Request to Change Well Information" (ADWR form 55-71A) and submit with application. Attach a supplement to list additional wells, if needed.**

Name of Well Owner	Well Registration Number	Legal Location: 1/4, 1/4, 1/4, Section, Township, Range	Design Pump Capacity (GPM)	Well Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed

8. Complete the following for each proposed well to be constructed. **Include a form 55-90 and well diagram for each well.**

Well Registration Number	Location: 1/4, 1/4, 1/4, Section, Township, Range	Design Pump Capacity (GPM)	Well Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), _____, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

Telephone

Signature of applicant or authorized agent

Title

Mailing Address City State Zip

STATE OF ARIZONA)
) ss.
County of _____)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires:

NOTICE

A.R.S. § 41-1030(B), (D), (E) and (F) provide as follows:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.